



CITY OF EDGEWOOD APPLICATION FOR EMPLOYMENT

Today's Date: _____

City of Edgewood
405 Larue Avenue
Edgewood FL 32809

Applications are Public Record

(407) 851-2920
(407) 851-7361 Facsimile
www.edgewood-fl.gov

➤ **If you require accommodations in order to complete this application, please contact City Hall.**

FOR OFFICE USE ONLY

Dept.: _____ Rate: _____ Position: _____ Date: _____

Check the type of work you are interested in: ☐ Full-Time ☐ Part-Time ☐ Temporary

Position(s) Applying For: _____

HOW DO WE CONTACT YOU?

Last Name First Name Middle Initial

Mailing Address

City County State Zip

Home Phone Alternate Phone Email Address

ARE YOU UNDER 18 YEARS OF AGE? ☐ YES ☐ NO

DO YOU HAVE A FLORIDA DRIVER'S LICENSE: ☐ Yes ☐ No

TYPE OF LICENSE: ☐ Driver's ☐ Chauffeur's ☐ CDL – Class: _____ State: _____

Is your license now or has it ever been suspended or revoked? ☐ Yes ☐ No If yes, what year? _____

In what state? _____ Why? _____

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? ☐ Yes ☐ No If yes, complete the following:

Branch of Service	Enlistment Date	Discharge Date	Type of discharge
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DO YOU CLAIM VETERAN'S PREFERENCE? (ATTACH PROOF OF ELIGIBILITY WITH EACH APPLICATION) ☐ Yes ☐ No If yes, please specify:

- ☐ As a veteran of any war (as defined in the rules of Div. Of Veteran's Affairs). **You must attach a DD-214.**
- ☐ As a veteran with a compensable service connected disability. **You must attach proof of disability from Division ff Veteran's affairs or Department of Defense.**
- ☐ As the un-remarried spouse of a veteran who was killed in action or who died of a service connected disability.
- ☐ As the spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or who is missing in action, captured or forcibly detained by a foreign power.

If you feel you did not receive veteran's preference in accordance with Florida Administrative Code, you have the right to an investigation by filing a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33731. Phone: (813) 898-4443, within 21 days from the date you received notification that a non-preference applicant was appointed.

Your qualifications for employment are based on the rating of your knowledge, abilities, and skills for the position(s) you apply for; and, if you qualify, your name is placed on an application register. Applications remain active for six (6) months. Your availability is your responsibility. Notify us if you change your name, address, or phone number. Your name will be removed from the register if you cannot be contacted for an interview three times or if you are interviewed three times, without a job offer. Applications may also be rejected for the following reasons: (1) Failure to complete application; (2) Failure to provide required documents when requested; or (3) Not fully meeting all job requirements. Applicants failing the drug/alcohol screen are ineligible for consideration of employment for one year. A new application must be submitted to regain active status.

Have you filed an application with the City of Edgewood within the last six months? ☐ Yes ☐ No

Have you ever worked for the City of Edgewood? ☐ Yes ☐ No If yes, date(s) _____

Position Title: _____

Check status: ☐ Citizen of the United States
☐ Legal Alien (Alien Number _____)

(Proof of U.S. Citizenship or Immigration status will be required upon employment.)

LAW VIOLATION RECORD: Have you, as an adult over the age of 18, ever been convicted, placed on probation, received a suspended sentence, or forfeited bail in connection with any offense (except minor traffic violations) in any civilian or military court? ☐ Yes ☐ No. Show all convictions; including driving while intoxicated convictions.

OFFENSE	DATE	PLACE	SENTENCE OR FINE

To be completed by POLICE DEPARTMENT applicants ONLY.

1. Are you a certified Police Officer in the State of Florida? ☐ Yes ☐ No. If yes, submit a copy of the Standards Certificate and Police Testing Certification.

EDUCATION: Circle the highest grade you completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

NAME AND LOCATION OF HIGH SCHOOL AND/OR COLLEGE	AREA OF STUDY	# HRS COMPLETED		DEGREE
		Semester	Quarter	

SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS:

Typing Speed _____ WPM Office machines you operate efficiently: ☐ Dictaphone ☐ Computer
☐ Other: _____

What type of Computer/Software do you have experience operating: _____

LICENSURE, REGISTRATION, SPECIAL CERTIFICATIONS: Notary Public, Certified Municipal Clerk, etc.

License, Registration or Certification	Number	Date Received	Expiration Date	State licensing Agency

RELATIVES EMPLOYED BY THE CITY OF EDGEWOOD: Do you have any relatives by blood or marriage including elected officials, working for the City of Edgewood? ☐ Yes ☐ No If yes, complete the following:

FULL NAME OF RELATIVE (S)	DEPARTMENT	RELATIONSHIP

REFERENCES: List three (3) references who are not relatives:

NAME	COMPLETE ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

Occasionally the format of an employment application makes it difficult for an individual to adequately summarize one's background. Use the space below to provide any additional information necessary to describe your full qualifications for the position(s) applied for.

1. Are you currently employed? ☐ Yes ☐ No. If yes, may we contact your current employer? ☐ Yes ☐ No.
2. Have you ever been discharged or asked to resign from any position? ☐ Yes ☐ No. If yes, give details. _____
3. List below all jobs for the last ten (10) years; include prior experience, if relevant. Lists paid and volunteer experience; include exact dates of military service. List specific duties, skills and equipment operated and supervisory experience.

USE ADDITIONAL SHEETS OF PAPER AS NECESSARY. A RESUME MAY BE USED TO SUPPLEMENT BUT NOT SUBSTITUTE APPLICATION INFORMATION

CURRENT OR LAST EMPLOYER:		From: (mo.) (yr.)
Address:		To: (mo.) (yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Duties:		Starting salary: \$
		Ending salary: \$
		Department:
		Supervisor:
Reason for leaving:		Phone Number:

CURRENT OR LAST EMPLOYER:		From: (mo.) (yr.)
Address:		To: (mo.) (yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Duties:		Starting salary: \$
		Ending salary: \$
		Department:
		Supervisor:
Reason for leaving:		Phone Number:

CURRENT OR LAST EMPLOYER:		From: (mo.) (yr.)
Address:		To: (mo.) (yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Duties:		Starting salary: \$
		Ending salary: \$
		Department:
		Supervisor:
Reason for leaving:		Phone Number:

CURRENT OR LAST EMPLOYER:		From: (mo.) (yr.)
Address:		To: (mo.) (yr.)
Job Title:	# of Employees Supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Duties:		Starting salary: \$
		Ending salary: \$
		Department:
		Supervisor:
Reason for leaving:		Phone Number:

APPLICANT CERTIFICATION – READ CAREFULLY BEFORE SIGNING: I hereby certify that each answer to the questions herein and all other information furnished is true and correct. I further certify that all such answers and information constitutes full and complete disclosure of my knowledge with respect to the question or subject matter. I understand that any incorrect, incomplete, exaggerated or false information furnished by me will subject me to disqualification or to discharge at any time. If employed by the City of Edgewood, I agree to comply with all its orders, rules and regulations. I hereby authorize my former employers, schools and character references to give any information regarding my employment and to furnish any other information they may have concerning me. I understand that final approval of employment may depend upon satisfactory completion of a criminal background check, consumer credit check report, driver's license verification, and a post-offer employment physical examination, including a drug/alcohol screen per F.S. 112.0455.

Date: _____ Signature of Applicant: _____